# STATE OF MARYLAND-CERTIFICATE OF DEATH

Langth of residence in city or town whyre deeth occurred	1. PLACE OF DEATH	*	98-c
(If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in a horpitel or institution, give its NAME lanead of street and number)  (If death occurred in the NAME lanead of street and number)  (If death occurred in a horpitel or institution, give it NAME lanead of street and number)  (If death occurred in the NAME lanead of street and number)  (If death occurred in a horpitel or institution, give it yet on one and State  (If death occurred in the Asset street day of your lanead occurred in the date steed above, at, m. The PRINCIPAL CAUSE of PEATH end related causes of importance were as follows:  (If death occurred in the date steed above, at, m. The PRINCIPAL CAUSE of PEATH end related causes of importance were as follows:  (If the NAME lanead occurred in the date steed above, at, m. The PRINCIPAL CAUSE of PEATH end related causes of importance were as follows:  (If the NAME lanead occurred in the date steed above, at, m. The PRINCIPAL CAUSE of PEATH end related causes of importance were as follows:  (If the NAME lanead occurred in the date steed above, at, m. The PRINCIPAL CAUSE of PEATH end related causes of importance were as follows:  (If the NAME lanead occurred in the date steed above, at, m. The P	County _ glu	nt.	Registration Dist. No. 4
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   MAR 5 1991	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLA

### STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	4	2	8	)	

1. PLACE OF DEATH	159
County le alvert	Registration Dist. No. 5.2
Village or City le nanup	NoSt., Wal
Length of residence In city or town where death occurredyrs	rs,mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Han	Man If U. S. Veteran, specify WAR.
(a) Residence: No. Left and Cultural Object of about	ward. 'If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. 1 OR DIVORCED (write	WIDOWED, ite the word)  21. DATE OF DEATH  ### 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That f ettended deceesed from
6. DATE OF BIRTH (month, day, and year)	193) I last saw h alive on H 1931; death is se
	If LESS than to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:  Date of ons.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Tymalius
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	buth
10. Date daceased last worked at this occupation (month end year) 11. Total time (year) spant in the occupation	his
12. BIRTHPLACE (city or town) Blanney W (Stata or country)	Other Contributory Causes of Importance:
II 13. NAME Ly Ryon	
13. NAME MEMON 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diegnosis?
15. MAIDEN NAME My Marth  16. BIRTHPLACE (city or town) Llwany  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT LAWES Thankhire (Address) Le Lanen m	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Policy Charles File	Menner of Injury
19. UNDERTAKER George Erns	24. Was disease or injury In eny way related to occupetion of daceased?
20. FILED 74 b 2 7, 1937W 7+ Harder	(Signad) Maddrass) MAAN Manh
If more blanks are needed, address	State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	T
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 4	3 days ago
		APR 5 1932	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Gallstones	Muy 1,1320	Gusti better tto	1 year
and a second			

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

COAD. Every item of infor-PHYSICIANS should state of OCCITDA stated EXACTLY. A PERMANENT BINDING FOR S H UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. B.—WRITE PLAINLY,

1. PLACE OF DEATH	<u> </u>
County Calvert	Registration Dist. No. 37/
Village or City Them (Foint	NoSt., War
Length of residence In cits or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
1 to 0	
2. FULL NAME X COLOR OF	If U. S. Veteran, specify WAR
(a) Residence: No. V Const (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Nucle 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE ot	22. i HEREBY CERTIFY, That I attended deceesed from 19
6. DATE OF BIRTH (month, dey, end year) 4/5/37	I last saw h alive on, 19; deeth is so
7. AGE Yeers Months Oe's If LESS then I dey, -/hrs.	THE TRINGE AL CAUSE OF DEATH and Tolated Courses of Importance
8. Trade, profession, or perticular	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	X + 00 /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Dete decaesad lest worked at 11. Totel time (yeers)	Mill born
10. Dete decaesad lest worked at this occupation (month end yeer) occupation (continuous per continuous per con	
12. BIRTHPLACE (city or town) Caluar Co., (State or country)	Other Contributory Causes of importance:
	Neme of operation Oete of
(State or county)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Lenevia Green	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lenevia Green  16. BIRTHPLACE (city or town) Calvert Co.,  (State or country)	Accident, suicide, or homicide? Dete of injury
(Stele of County)	Where did injury occur?
17. INFORMANT Seroy Reen (Address) Plum Pt., Vid.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pieca Lum A. Church Oete 116 / J , 19	Neture of injury
19. UNOERTAKER alegfander Drown (Address) Thin PN. Jud.	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILEO 7/5/37, 19	(Signed) (Address) Market States

V. S. No. 1

ż

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 3	July 5,1927	Peritonitis	3 days ago
PENU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONA:	L SPACE	FOR :	FURTHER	STATEMENTS	BY	PHYSICIA	N

X	RECORD	ed EXACTLY, PHYSI- orly classified. Exact rtificate.
MARGIN RESERVED FOR BINDING	WRITE AINL WITH UNFADING INKTHIS IS A PERM E. RECORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Î	) (	N. BI

	1PLACE OF DEATH County Colvert	93.0	STATE OF I CERTIFICATE Registration I	OF DEATH
Vi	llage or City Fushy (No	rcus Gr	St.: Ward)	/If death accurred is
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3	emole blute 5 SINGLE, MARRIED, bridging or DIVORCED (Write the word)	16 DATE OF DEATH	Feb. 131	(Day) (Year)
	March 15, 1848  (Month) (Day) (Year)	that I last saw h C	certify, That I att	ended the deceased from 1923
	SS yrs. 10 mos. 28 ds. or min.?			above, atm
11 1	(a) Trade, profession or House work	ewone	nyscoro	
Z	b) General nature of industry pusiness, or establishment in which employed or (employer)	***************************************	(Duration)	yrsds
9	(State or country) Moryloud,	Contributory Secondary	Duratjon)	y19ds
	10 NAME OF John Cardos	(Signed) (Signed) (4)	(Address) Lata	er M. D.
ENTS	OF FATHER (State or country)  12 MAIDEN NAME  CONTROL OF THE PROPERTY OF THE P	*State the Dis Violent Causes, stat Accidental, Suicidal or	ease Causing Death, e (1) Means of In Homicidal,	or, In deaths from jury and (2) Whether
PAR	OF MOTHER Celes ales Dowell	18 LENGTH OF RESI		als, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place of deathyrsmo	sds. In the	eyrsmosde
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at plece of deeth?		00000000000000000000000000000000000000
	(Informant) George a. Hrover.  (Address) Lusly i Md.	usuel residence	OR REMOVAL	Petr. 15, 193
15	Filed 1920 Registrar	20 UNDERTAKER a. a Stork	uess.	mulial. md
11	If more blanks are needed, address State Registras	, 16 W. Daratoga St., B.	sito., Requesting V. 2	7, 110 A.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmet (restate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, Compositor, Architect, (b) For persons who have no occupation Stationary fireman, etc. Automobile factory. The material or industry, and therefore an Locomolive engineer, But in many 6 Grocery,

Typhoid fever (never report "Typhoid Pneumonia"); s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childhirth or miscarriage Chronic and consequences (e. g., sepsis, chopneumonia (secondary), etc. The contributory affection need not be valvular heart disease; Measles,

data is essential and must be obtained before the certificate answered in detail, it will prevent further correspondence. permanently filed. It this certificate is looked over thoroughly and all questions

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

plnous

USE

(Address)

Registrar.

If so, specify (Signed).

(Addrass) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis MAR 5	1921	Run over by street car	1 week ago	
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	BIINEAU V.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				100	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	-\frac{1}{a}	
County Calvery	Registration Dist. No. 5 =	
Village or City Jundely	NoSt.,	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number	
Length of rasidanca in city or town where death orderrad	1 there	
2. FULL NAME	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.  If nonresident give city or town and State	
(Ultal place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARINDO, WIDOWED		
OR DIVORCE write the word	(Month) (Day) (193	Z Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. IHEREBY CERTIFY, That I attended decease	sad from
6. DATE OF BIRTH (month, day, and year) July 1877	1 last saw h e elive on 2 / 2/2 7 , 19 ; deal	th is said
7. AGE Yaars Mynths Days If LESS that	to have occurred on the date stated ebove, atm.	
64 7 1 dey,min.	were se followed	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	+lu	12/5/
9 industry or husings in which	The menune 41	11-27
work was dona, as SILK MILL, SAW MILL, BANK, etc		
11. Total tima (years) this occupation (month and		
yaar)occupation	Other Contributory Causes of Importanca;	
12. BIRTHPLACE (city or town)		
(Stata or country)		
13. NAME EST REMARKS		
14. BIRTHPLACE (city or town)	Name of oparation Data of	
(State of country)	What test confirmed diagnosis? Was there an autops	y?
15. MAIOEN NAME / United Canal	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME Was party Candel  16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury,	19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Addrass)	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Pleca Halls Creek Date 7th 16 193	-7- Neture of Injury	
19. UNDERTAKER Robert Wood (Addrass)	24. Was disease or injury in any wey related to occupation of decaased?	
20. FILED Ful 10, 1927 WH Hardwhy	(Signed)	M. D.
	trar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	

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Example I			Example II		
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIV	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 6 100	July 5, 1927	Peritonitis	3 days ago	
	* AFAII V	6			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTLY. A PERMANENT properly classified. TION is very important. See instructions on back of certificate. H UNFADING INK-THIS pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Called	Registration Dist. No. 5-2
Village or City Willaus	No. St., Ward
Length of residence in city or town where death occurred yrs. — mo  2. FULL NAME May Eliza aluelt Asher	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?
(a) Residence: No. ///////////////////////////////////	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE 4. COLOR OR RACE OR DIVORCED (write the word) Wille	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced.  HUSBAND of (or) WIFE of John 10. Sages.	22. I HEREBY CERTIFY That Lattended deceased from  Passuary 14, 1937, to Jell 8, 1937
6. DATE OF BIRTH (month, day, and year) November 29, 1850	Viest saw half elive on fellellery 1, 19 37; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this preparation (months and second in	Nephroscussis 19 36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	7
12. BIRTHPLACE (city or town) Callled Co (State or country)	Other Caatributory Causes of Importance:
13. NAME Richard E. Thomas	
13. NAME RICHARD C. Showas  14. BIRTHPLACE (city or town)  (State or country)	Name of operetion
15. MAIOEN NAME TULLA CENT HARLESON  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mystel O Saper	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OK REMOVAL PlacEmmanuel Emeloate Feb. 10, 1937	Manner of injury
19. UNDERTAKER Harry Hulchino (Address) Mount Harmony Mi	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 18, 1937 Urga P. Carpente	(Signed) 1 (Signed) M. D. M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	REGELLE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 6 1007	July 5,1927	Peritonitis	3 days ago
	SUREAU V. S.	- Andrew Control		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

m

15

Exact

PLACE OF DEATH

STATE OF MARYLA CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF BEATT
16 DATE OF DEATH Feb - 14 , 1927
(Nonth) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw halive on, 192,
that I hast saw itanve on
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH * was as follows:
Stillbirth
Aucoun
(3mos)
yrsyrsmosds.
Contributory Secondary
Durstion yrs mosds.
(Signed) Ourstian yrs mos ds.
2/14 193 7 (Address) Astomons, M. Je
*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of deathmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Oliver. md 31.4, 1937
20 UNDERTAKER ADDRESS
Some Sutton Oliver. Ma

Registrar

(Year)

min.?

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic chopneumonia (secondary), etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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